

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8	1						58	
9							59	
10		1					60	
11			1				61	
12				1			62	
13					1		63	
14						1	64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24			1				74	
25				1			75	
26					1		76	
27						1	77	
28							78	
29							79	
30		1					80	
31			1				81	
32				1			82	
33					1		83	
34						1	84	
35			1				85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	24						TOTAL DEP.	
TOTAL CLAIMS	27						TOTAL CLAIMS	